Section 1981	MISSOURI DEPARTMENT OF REVENUE
	STATEMENT OF INCOME TAX PAYMENTS FOR
	NONRESIDENT INDIVIDUAL PARTNERS OR
	S CORPORATION SHAREHOLDERS

2004	DLN
FORM	
O-2ND	

MO 860-2855 (11-2004)	This publication is available upon	request in alternative	accessible format(s).	
Partner/Shareholder copy — Keep this copy for your records		•	Copy A	
CITY OR TOWN	STATE	ZIP CODE	8. MISSOURI INCOME TAX PAYMENT	00
ADDRESS			7. INCOME SUBJECT TO TAX	00
5. NAME OF PARTNER/SHAREHOLDER			6. SOCIAL SECURITY NUMBER	
CITY OR TOWN	STATE	ZIP CODE		oility Company a Partnership)
ADDRESS			3. FEDERAL TAX ID NUMBER	
1. NAME OF PARTNERSHIP/S CORPORATIO	N	DOR ONLY	2. MISSOURI TAX ID NUMBER	
FOR CALENDAR YEAR 2004 OR F	FISCAL YEAR BEGINNING		, 2004 AND ENDING	, 2005
S CORPORATION SHA	AREHOLDERS	MO-2NR		

MISSOURI DEPARTMENT OF REVE STATEMENT OF INCOME TAX F NONRESIDENT INDIVIDUAL PA S CORPORATION SHAREHOLD	AYMENTS FOR RTNERS OR	2004 FORM MO-2NR	DLN	
FOR CALENDAR YEAR 2004 OR FISCAL YEA	R BEGINNING		, 2004 AND ENDING	, 2005
1. NAME OF PARTNERSHIP/S CORPORATION		DOR ONLY	2. MISSOURI TAX ID NUMBER	
ADDRESS			3. FEDERAL TAX ID NUMBER	
CITY OR TOWN	STATE	ZIP CODE		nited Liability Company reated as a Partnership)
5. NAME OF PARTNER/SHAREHOLDER	·	·	6. SOCIAL SECURITY NUMBER	
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ADDRESS			7. INCOME SUBJECT TO TAX	00
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Attach to Form MO-1NR. See instructions	for Line 1 of Form	MO-1NR.	Copy C DOR ONLY	